

21 Cancel a SAR

Introduction to Cancel a SAR

Once an authorization has been authorized or extended, the SAR may be canceled. To cancel a SAR, first search for the SAR. From the View SAR page, those with security access will be able to click and access the Cancel SAR tab.

Objectives

At the completion of this section, you will be able to:

- Cancel a SAR

21.1 Entry into the Cancel SAR Tab

Enter through View SAR Details

1. Search for the SAR and view the details on View SAR Details.
2. Click the “Cancel” tab.

Cancel SAR

BRIAN MATTHEW TESTA, 2463624 **AUTHORIZED, SAR ID 97000002740**

Required fields are marked *

CLIENT INFORMATION

Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	91617111D9	CCS Elig Status:	9K CCS	Program Begin Date:	04/30/2004
Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address 1 *	75 PRINGLE WAY	Address 2	STE 801
City *	RENO	County *	Select
State *	NV	Zip *	89502-8400

[Edit Provider](#)

SAR INFORMATION

SAR Number:	97000002740	Request Date:	10/10/1999
Service Begin Date:	08/09/2004	Service End Date:	10/10/2004
No Of Days:	63	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved Category:			

SAR CANCELLATION INFORMATION

Correspondence ☒ NOA ☐ LETTER

Canceled By * MCCARLEY,TRACI [find](#) Effective Date * Mon Day Year

Date Canceled December 20, 2004

Reason for Cancellation * Select

Citation * Select

Cancellation Letter Text

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS,CCS SECT
MORENO VALLEY MTU

[Add Distribution](#)

OTHER DETAILS

Last Update Date: 12/20/2004 Last Update By: MCCARLEY,TRACI

[Cancel SAR](#) [Undo](#)

Notes

The provider address may be edited for mailing purposes. However, this does not update the Provider Master File.

Correspondence will dictate the type of letter generated.

NOA will print a Notice of Action and will default for cases with an Application Status of “Signed App”

Letter will print a Cancellation Letter

21.2 Enter SAR Cancellation Information

- Enter the name of the person for the “Canceled By” field.
 - A default name is provided for the user who is logged in CMS Net Web.
- Click the “find” button.

Cancel SAR

BRIAN MATTHEW TESTA, 2463624 AUTHORIZED, SAR ID 97000002740

Required fields are marked in *

CLIENT INFORMATION

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DOB:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
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Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address 1 *	75 PRINGLE WAY	Address 2	STE 801
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[Edit Provider](#)

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No Of Days:	63	State Funded:	N
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SAR CANCELLATION INFORMATION

Correspondence ☒ NOA ☐ LETTER

Canceled By * [find](#) Effective Date *

Date Canceled

Reason for Cancellation *

Citation *

Cancellation Letter Text

DISTRIBUTION

[Add Distribution](#)

OTHER DETAILS

Last Update Date: 12/20/2004 Last Update By: MCCARLEY,TRACI

[Cancel SAR](#) [Undo](#)

- Select by clicking the name of the user in the user search results.

Search Results - List of WHITAKER,LAVORRA Names

Last Name	First Name	Region	County
WHITAKER	LAVORRA		

4. Enter the “End Date.”
5. Select the Reason for Cancellation.

Notes

Cancel SAR

BRIAN MATTHEW TESTA, 2463624 **AUTHORIZED, SAR ID 97000002740**

Required fields are marked in *

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CCS Number:	2463624	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
DOB:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	91617111D9	CCS Elig Status:	9K CCS	Program Begin Date:	04/30/2004
Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address 1 *	75 PRINGLE WAY	Address 2	STE 801
City *	RENO	County *	Select
State *	NV	Zip *	89502-8400

[Edit Provider](#)

SAR INFORMATION

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No Of Days:	63	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved Category:			

SAR CANCELLATION INFORMATION

Correspondence ☒ NOA ☐ LETTER

Canceled By * [find >](#) Effective Date * Sep 1 2003

Date Canceled December 20, 2004

Reason for Cancellation * [find >](#)

Citation *

Cancellation Letter Text

DISTRIBUTION

[Add Distribution](#)

OTHER DETAILS

Last Update Date: 12/20/2004 Last Update By: MCCARLEY,TRACI

[Cancel SAR](#) [Undo](#)

The “End Date” is the effective date of cancellation – the date you want the provider to stop treating the client.

The provider may receive payment for services up to and including this date

Date Cancelled will default to the current date to track the date the user updated the SAR to “Cancelled.”

Citation is REQUIRED when NOA is selected as the Correspondence

Field descriptions are provided in CMS Net Web Online Help.

21.3 Enter Cancellation Letter Text and Distribution

1. Enter the Cancellation Letter Text.
2. Select values in the “Distribution” list box for who should receive the authorization. You may select multiple values.
 - Distribution will show the managed care provider, the Healthy Families provider, private insurance provider, primary care provider (medical home), other addressee, patient address, MTU, and the family that is currently on record.
3. Click on “Add Distribution” to add one additional distribution for selection.

Cancel SAR

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Required fields are marked in *

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PROVIDER INFORMATION

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Edit Provider

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No Of Days:	63	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved Category:			

SAR CANCELLATION INFORMATION

Correspondence ☒ NOA ☐ LETTER

Canceled By * MCCARLEY,TRACI **find** Effective Date * Sep 1 2003

Date Canceled December 20, 2004

Reason for Cancellation * Client is not medically eligible for CCS

Citation * MED ELIG DENIAL

Cancellation Letter Text
This space is available for text to populate into the cancellation letter.

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS,CCS SECT
MORENO VALLEY MTU

Add Distribution

OTHER DETAILS

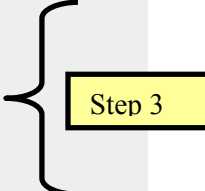
Last Update Date: 12/20/2004 Last Update By: MCCARLEY,TRACI

Cancel SAR **Undo**

To deselect the distribution value, hold the “ctrl” key and click the highlighted value. Otherwise, you may click the “Undo”

Notes

[Authorization](#) | [Provider](#) | [Formulary](#) | [Procedure Code](#) | [Administration](#) | [Reports](#)
Add New Distribution

Distribution Name *	<input type="text"/>	
Address 1 *	<input type="text"/>	
Address 2	<input type="text"/>	
City *	<input type="text"/>	
State	<input type="text" value="Select"/>	
Zip *	<input type="text"/>	
<div><input type="button" value="Continue"/> <input type="button" value="Clear"/></div>		

How to add one additional distribution for selection

21.4 The Cancellation Letter

Here is a copy of the cancellation letter that will be generated for the client's provider and for those selected in the distribution drop-down field.

Note: A Spanish version of the letter will print for when Family or Patient are selected from the distribution and the Spanish is indicated as the language on Patient Registration.

California Children's Services
 <County or Regional Office>
 <County or Regional Office Address Line 1>
 <County or Regional Office Address Line 2>
 <County or Regional Office City, State Zip+4>

<Current-Date>

CANCELLATION LETTER

<Provider-Name>	Re:	<Client-Name>
<Provider-Address-Line-1>	CCS#:	<CCS-Number>
<Provider-Address-Line-2>	DOB:	<Date-of-Birth>
<Provider-City-State-Zip>	County:	<Legal-County>
	CIN#:	<CIN-Number>

Dear <Provider-Name>:

California Children's Services has cancelled Service Authorization 999999999999 for <Client-Name> for the reason(s) listed below:

<Reason-for-Cancellation>
 <Cancellation-Letter-Text>

The services requested were:

<Number-of-Days> inpatient days

<Service-Code or SCG>	<Modifier>	<Service- Description>	<Service- Units>	<Service- Quantity>	<Amount>
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The effective date of cancellation is <Date-of-Cancellation>.

Thank you for your continued participation in the CCS program. If you have any questions, please call the <County/Regional Office> CCS office at <County/Region Phone Number>.

Sincerely,

California Children's Services

21.5 The Notice of Action

Notes

Here is a copy of the NOA letter that will be generated for the client and for those selected in the distribution drop-down field.

Note: A Spanish version of the letter will print for when Family or Patient are selected from the distribution and the Spanish is indicated as the language on Patient Registration

12/20/2004

California Children's Services
SRO-SACRAMENTO REGIONAL OFFICE
P.O. BOX 997413
MS 8100
SACRAMENTO, CA 95899-7413
(916) 327-3100

MR AND MRS TESTA
P O BOX 699
TEST RECORD
WEST SACRAMENTO, CA 95691

NOTICE OF ACTION

SAR #: 97000002740
RE: BRIAN MATTHEW TESTA
DOB: 04/25/1992
CCS #: 2463624
CO: RIVERSIDE

Dear MR AND MRS TESTA:

The California Children's Services program is required to provide you with written notice when eligibility or services are cancelled. After reviewing all available information, the following determination was made:

There is no documentation of medical eligibility for CCS at this time. CCS program eligibility is therefore denied or discontinued. Citations: Health and Safety Code 123830; Title 22, California Code of Regulations, Section 41800.

The effective date of this Notice of Action is 09/01/2004.

THIS SPACE IS AVAILABLE FOR TEXT TO POPULATE INTO THE CANCELLATION LETTER.

The Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstances which you have not reported, please telephone CCS at (916) 327-3100.

If you are dissatisfied with the above action, you may request an appeal. Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

California Children's Services

CC:
MR AND MRS TESTA
P O BOX 699
TEST RECORD

CALIFORNIA CHILDREN'S SERVICES PROGRAM
NOTICE OF ACTION - APPEAL PROCESS

Notes

PATIENT NAME: BRIAN MATTHEW TESTA
DOB: 04/25/1992
CCS # 2463624
COUNTY: RIVERSIDE

The California Children's Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1. Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.
2. The appeal MUST be submitted by 01/19/2005, which is 30 calendar days from the date on the Notice of Action.
3. If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.
4. You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.
5. Your appeal is to be submitted to the CCS office designated below:

CALIFORNIA CHILDREN'S SERVICES
SRO-SACRAMENTO REGIONAL OFFICE
P.O. BOX 997413
MS 8100
SACRAMENTO, CA 95899-7413

6. You have a right to review the CCS file and medical records for BRIAN MATTHEW TESTA.

Note: The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

IF YOU HAVE QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: (916) 327-3100.